



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8552

<b>SERIAL NUMBER</b> 10/532,039	<b>FILING OR 371(c) DATE</b> 09/22/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 110.01980101
<b>APPLICANTS</b> Clifford J Steer, St Paul, MN; Walter C. Low, Shorewood, MN; Cecilia M.P. Rodrigues, Usbon, PORTUGAL; Zhenhong Nan, St. Paul, MN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/31989 10/08/2003 which claims benefit of 60/425,210 11/07/2002 and claims benefit of 60/451,615 03/03/2003 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 26813				
<b>TITLE</b> Methods of treating injuries of the nervous system associated with hemorrhage				
<b>FILING FEE RECEIVED</b> 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	